ATORVASTATIN

Indications:
1) Hyperlipidemia
 Primary hypercholesterolemia and mixed dyslipidemia
Indicated as an adjunct to diet for treatment of elevated total-C, Apo B, and TG levels and to increase HDL-C in patients with primary hypercholesterolemia (heterozygous familial and non-familial) and mixed dyslipidemia (Fredrickson type IIa and IIb)
2) Hypertriglyceridemia
Adjunct to diet for elevated TG levels (Fredrickson type IV)
3) Primary dysbetalipoproteinemia
Dysbetalipoproteinemia (Fredrickson type III) in patient with inadequate response to diet
4) Homozygous familial hypercholesterolemia
Reduction of Total-C and LDL-C in HoFH as an adjunct to other lipid-lowering treatments (eg, LDL apheresis) or if such treatments are unavailable.
5) Cardiovascular Disease Prevention
 Reduction of risk of stroke and heart attack in type 2 diabetes patients without evidence of heart disease but with other CV risk factors
 Reduction of risk of stroke, heart attack, and revascularization procedures in patients without evidence of coronary heart disease (CHD) but with multiple risk factors other than diabetes (for example smoking, HTN, low HDL-C, family history of early CHD)
 Patients with CHD, to reduce risks of MI, stroke, revascularization procedures, hospitalization for CHF, and angina

Pharmacological Category:
Lipid-Lowering Agents, Statins; HMG-CoA Reductase Inhibitors

Pregnancy:
Pregnancy category: X
Statins should be avoided in pregnancy as congenital anomalies have been reported and the decreased synthesis of cholesterol possibly affects fetal development. Adequate contraception is required during treatment and for 1 month afterwards.

Lactation:
Because of the potential for adverse reactions in nursing infants, women taking this drug should not breastfeed; contraindicated in nursing mothers.

Side effects:
Common adverse effects are as follow:
immune-mediated necrotizing myopathy, hepatic necrosis, hepatic failure, rhabdomyolysis, renal tubular- obstruction, myoglobinuria, renal failure, cirrhosis, pancreatitis tendon rupture, vasculitis, erythema multiforme, hemolytic anemia, angioedema, toxic epidermal necrolysis, lupus-like symptoms, Stevens-Johnson syndrome, anaphylactoid reactions, stroke

Contraindications:
 Hypersensitivity to atorvastatin
 Active liver disease or unexplained transaminase elevation

Interactions:
NSAIDs, warfarin, macrolides, protease inhibitors, steroids, antifungal drugs, niacin, colchicine

Dose:
Adult:
1) Hyperlipidemia
 Primary hypercholesterolemia and mixed dyslipidemia
Maintenance: 10-80 mg PO once daily. After initiation and/or upon dose titration, check lipid levels after 2-4 weeks and adjust dose accordingly.
2) Hypertriglyceridemia
10 mg PO once daily initially, Maintenance: 10-80 mg PO once daily maintenance
After initiation and/or upon dose titration, check lipid levels after 2-4 weeks and adjust dose accordingly.
3) Primary dysbetalipoproteinemia
Maintenance: 10-80 mg PO once daily, after initiation and/or upon dose titration, check lipid levels after 2-4 weeks and adjust dose accordingly.
4) Homozygous familial hypercholesterolemia
10-80 mg PO once daily
5) Cardiovascular Disease Prevention
10-80 mg PO once daily

Pediatric:
 Heterozygous Familial Hypercholesterolemia
Indicated as an adjunct to diet to reduce Total-C, LDL-C, and apo B levels in boys and postmenarchal girls aged 10-17 years with HeFH who have an inadequate response to diet alone (ie, LDL-C remains ≥190 mg/dL or LDL-C remains ≥160 mg/dL and there is positive family history or early CV disease or 2 or more other CVD risk factors present)
<10 years: Safety and efficacy not established
≥10 years: Initially, 10 mg PO once daily; titrate at 4-week intervals; not to exceed 20 mg PO once daily
 Homozygous Familial Hypercholesterolemia (Off-label)
<10 years: Safety and efficacy not established
≥10 years: 10-40 mg PO once daily

Administration:
Administer orally at about the same time each day, at any time of day. Atorvastatin may be administered orally without regard to meals. Avoid grapefruit juice to avoid potential increases in drug serum concentrations.
Dosage Form: 20 & 40 mg oral tablets
Atorvastatin exists as atorvastatin calcium in the formulation.

References:

1) British National Formulary 68, September 2014- March 2015, pages 170-172
2) Lexicomp,s Drug Reference Handbooks, American Pharmacists Association, 20th edition, pages 164-166
3) http://reference.medscape.com/drug/lipitor-atorvastatin-342446
4) http://www.pdr.net/drug-summary/Lipitor-atorvastatin-calcium-2338
5) Drugsdb.com, Lipitor drug interactions, http://www.drugsdb.com/rx/lipitor/lipitor-drug-interactions/


100 Scored F.C. Tablets
20 mg
Atorvastatin 20
Khwarizmi